DOCUMENT RESUME

ED 413 698 EC 305 967

AUTHOR Scherbert, Thomas G.
TITLE Language Intervention Strategies for Improving Communication Skills of Students with Severe Emotional Disabilities in a Public Elementary School.
PUB DATE 1996-00-00
NOTE 57p.; Ed.D. Practicum, Nova Southeastern University.
PUB TYPE Dissertations/Theses - Practicum Papers (043)
EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Communication Skills; Elementary Education; *Emotional Disturbances; *Interpersonal Communication; *Interpersonal Competence; Intervention; Language Skills; *Problem Solving; Public Schools; Resource Room Programs; Role Playing; Self Evaluation (Individuals); *Teacher Collaboration

ABSTRACT

This practicum was designed to improve the problem solving skills and social language skills of 19 elementary grade students with emotional disabilities through coordination of school professionals and direct instruction. Problem solving skills taught by special education teachers were reinforced during small group speech and language resource classes. Direct instruction was used to improve social language skills through modeling and practice. Ten communication workshops were developed which focused on specific social language skills. Workshop activities included role playing problem situations and self evaluation. Program evaluation showed a significant decrease in behavior incidents among the participating students. Seventeen of the students achieved or exceeded the criteria for success established prior to the practicum. Individual sections of the report introduce the practicum, evaluate the problem, discuss anticipated outcomes and evaluation, describe the solution strategy, and report results. Appendices include the social skills rating scale and observation form and the student self evaluation form. Tables detail the practicum's results. (Contains 22 references.) (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 413 698

Language Intervention Strategies for Improving Communication Skills of Students with Severe Emotional Disabilities in a Public Elementary School

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
Sherbert
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

by
Thomas G. Scherbert
Cluster 74

A Practicum I Report Presented to
the Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

EC 305967

Nova Southeastern University
1996

BEST COPY AVAILABLE

APPROVAL PAGE

This practicum took place as described.

Verifier: Jean S. Burns

Principal, Prairie View School
Title

W330 S6573 Hwy E.
Mukwonago, WI 53149
Address

July 3, 1996
Date

This practicum report was submitted by Thomas G. Scherbert under the direction of the adviser listed below. It was submitted to the Ed. D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

Approved:

Date of Final Approval of Report

Roberta Schomburg, Ph.D.
Adviser

Acknowledgments

The writer wishes to thank all the people who made this practicum possible. Thanks is due the students who worked so hard to improve their language and problem-solving skills, their parents who were so diligent in returning information that was requested of them, and the school and district administrators who were supportive throughout the project. The writer would especially like to thank the teachers in the Emotional Disabilities Program, Susan Shackelford and Rebecca Bachhuber for their unwavering support and Jean Burns, principal and friend.

Table of Contents

Page

Acknowledgments.....iii

Abstract.....v

Chapter I: Introduction..... 1
- Description of Community..... 1
- Writer's Work Setting..... 2
- Writer's Role..... 3

Chapter II: Study of the Problem..... 5
- Problem Statement..... 5
- Problem Description..... 5
- Problem Documentation..... 6
- Causative Analysis..... 7
- Relationship of the Problem to the Literature.....10

Chapter III: Anticipated Outcomes and Evaluation Instruments.....17
- Goals and Expectations.....17
- Expected Outcomes.....17
- Measurement of Outcomes.....18

Chapter IV: Solution Strategy.....21
- Discussion and Evaluation of Solutions.....21
- Description of Selected Solution.....24
- Report of Action Taken.....27

Chapter V: Results.....33
- Results.....33
- Discussion.....40
- Recommendations.....43
- Dissemination.....44

References.....45

Appendices
- A Social Language Skills Rating Scale.....49
- B Social Language Skills Observation Form.....50
- C Student Self Evaluation Form.....51

Tables
- 1 Parent's Mean Ratings on Social Language Skills Rating Scale.....36
- 2 Teacher's Mean Rating on Social Language Skills Rating Scale.....37
- 3 Ratio of Observed Social Language Skills verses Opportunities for all Students.....39

Abstract

Language Intervention Strategies for Improving Communication Skills of Students with Severe Emotional Disabilities in a Public Elementary School. Scherbert, Thomas G., 1996: Practicum Report, Nova Southeastern University, Ed.D. Program In Child and Youth Studies.. Language Disorders/Emotional Disabilities/Problem-solving/Social Language Skills/Pragmatics

This practicum was designed to improve the problem-solving skills and social language skills of students with emotional disabilities through coordination of services among school professionals and direct instruction. Problem-solving skills taught by teachers in the Emotional Disabilities Program were reinforced during small group speech and language resource classes. Direct instruction was provided to improve social language skills through modeling and opportunity for practice.

The writer designed 10 "Communication Workshops" during which specific social language skills were taught or practiced. Targeted social language skills were introduced through activities or role-plays. Appropriate use of the skills were modeled by the speech and language pathologist and the teachers in the Emotional Disabilities Program. Students were given opportunities to role-play and practice the targeted social language skills with a classmate. Self evaluation was also a component of the "Communication Workshops".

Results of the practicum were positive. Analysis of the data showed a significant decrease in behavior incidents among students in the Emotional Disabilities Program. Analysis of the data also showed improved use of target social language skills in all 19 students who took part in the practicum. Seventeen of the 19 students who took part achieved or exceeded the criterion for success establish prior to the practicum. The results lent support to the instructional format used to teach social language skills and to a coordinated "team approach" to interventions for students with emotional disabilities.

CHAPTER I

INTRODUCTION

Description of Community

The practicum was carried out in an elementary school in a primarily white, middle-class suburb 35 miles from a major metropolitan area in the upper midwest. The community in which the school was located was formerly a more rural area but has taken on a much more suburban flavor, in recent years, as farm land turns into subdivisions. The school was located in one of the fastest growing and second most populous counties of the metropolitan area. The population of the county was 304,715. The ethic composition of this rapidly growing county was comprised primarily of Caucasians, 96%, a small contingent of Blacks, 1.10%, Native Americans, .22%, Asian or Pacific Islanders, .88%, and Hispanics, 1.80%.

The area's rural roots had a significant impact on the school district in which the school was located. The previously less-densely populated landscape had resulted in a school district which was among the largest, geographically, in the state. This large geographical area had in turn produced what amounted to a regional school district which drew students from several surrounding communities. The total population of these communities was 21,600. Sources of employment in the community included retail sales, service professions, construction trades,

manufacturing, and of course agriculture.

Writer's Work Setting

The elementary school in which this practicum was carried out was within a school district which served a total of approximately 5100 students. Approximately 2525 students attended the school district's one middle school and one high school and approximately 2575 student attended the school district's five elementary schools. The school in which the practicum was implemented served 540 students in early childhood through sixth grade.

Originally, this educational facility was considerably smaller. However, during the 1989-90 school year the facility was renovated and the size of the building and staff nearly doubled. The staff, which consisted of a principal, 21 teachers, 9 specialty teachers, 7 exceptional education teachers, 7 instructional assistants, and 7 special services support staff, had remained very close. Many staff members enjoyed social relationships outside of school in the same way they did when the school was smaller.

In addition, the staff was a very committed group of professionals. The school district's curriculum development program received its direction directly from classroom teachers. Curriculum innovations such as Integrated Language, Writer's Workshop, and Reader's Workshop had come from the "bottom-up". Many of these innovations had their origins in this very school.

The significant persons who were involved in this

practicum were the students with severe emotional disabilities who attended the writer's school, their teachers in the Emotional Disabilities Program, and their speech and language pathologist. There were 10 students in the primary grades (first through third) and 11 students in the intermediate grades (fourth through sixth) who were in the Emotional Disabilities Program. Of the 21 students in the Emotional Disabilities Program 14 were identified as having a speech and language disability as well. Because of scheduling problems two students did not participate in the practicum.

The students in the Emotional Disabilities Program received resource services from various members of the exceptional education staff. The majority of students with emotional disabilities received their reading, language arts, math, and "social skills" instruction in a resource room from the two teachers in the Emotional Disabilities Program. Each teacher had an instructional assistant who assisted with small group instruction and behavior management. Students identified as having speech and language disabilities received 60 minutes of resource speech and language services from one of two speech and language pathologists.

Writer's Role

The writer of this practicum had been a speech and language pathologist for nine years. He had functioned in this capacity at the school in which this practicum was

implemented for six years. The writer's duties as a speech and language pathologist included the diagnosis and treatment of speech and language delays and disorders in children from age three through age twelve years. In addition, his continuing education pursuits during the three years preceding the practicum had focused on whole language, collaboration, and instructional partnerships between exceptional and general educators. Subsequently, he had emerged in his work setting as a leader in efforts to provide speech and language services in both the general education and exceptional education classrooms.

During the implementation of the practicum the writer was responsible for supervising and implementing the "Communication Workshops" for the students with emotional disabilities. In addition, he enlist the support of the school administrators and the staff in the Emotional Disabilities Program. Facilitating communication among exceptional education staff and with parents was also the responsibility of the writer.

CHAPTER II

STUDY OF THE PROBLEM

Problem Statement

The problem to be solved in this practicum was that the students in the Emotional Disabilities Program engaged in aggressive acting out, withdrawing, and/or off task behaviors both inside and outside of the classroom. These behaviors, as well as social skill deficits, had an adverse effect on the peer relationships and classroom performance of the students in the Emotional Disabilities Program.

Problem Description

Reports, both written and verbal, from the teachers in the Emotional Disabilities Program and teachers in general education indicated that receptive and expressive language problems were precipitating factors in the behavioral and social problems of students in the Emotional Disability Program. Problems with abstract language made it difficult for these students to appropriately comprehend and express feelings and emotions. The students made inappropriate choices because of difficulties in problem-solving and verbal reasoning. In addition, problems with pragmatic (social) language skills created difficulties for students with emotional disabilities in applying the rules of conversation, use of context, understanding and conveying intents, and social competence. Thus, the problem could be summarized as follows: The students in the Emotional

Disabilities Program had significant language impairments which impacted their ability to succeed academically and socially.

Problem Documentation

Evidence of the existence of this problem had been obtained from the students' time out conference notes, parent surveys, referrals to the office, and referrals for bus behavior. A review of the primary students' referrals to the office and time out records identified 15 of 25 behavior incidents in which language problems were precipitating or contributing factors. Typical incidents included; inability to describe a problem once it had escalated to a point of conflict, inability to read non-verbal cues such as anger signs or socially appropriate smiles, and use of inappropriate tones of voice.

A Social Language Skills Rating Scale (Appendix A) provided additional evidence of the existence of this problem. The scale, administered to parents of students in the Emotional Disability Program, indicated that an average of 8 of the 14 pragmatic language skills surveyed were used "several times per week" or less during the student's daily communication. Conversational skills observed by parents with lowest frequency, included; Choosing a good time and place for a conversation, staying on topic or signaling a change of topic, engaging in active listening, and use of appropriate turn-taking. The conversational devices observed by parents with lowest frequency included; volume, tone of

voice, and non-verbal cues.

The Social Language Skills Rating Scale was rated by the teachers in the Emotional Disability Program, as well. The rating scales completed by teachers indicated that an average of 7 of the 14 pragmatic language skills surveyed were used only "once a week" or less during the student's daily communication. Conversational skills observed by teachers with lowest frequency, included: Choosing a good time and place for a conversation, staying on topic or signaling a change of topic, engaging in active listening, ending conversations smoothly and use of appropriate turn-taking. The conversational devices observed by teachers with lowest frequency included: volume, tone of voice, maintaining an appropriate distance, and non-verbal cues.

The significance of problem-solving difficulties could be observed in the disproportional number of referrals to the office and referrals because of bus behavior received by the students in the Emotional Disabilities Program. During the first two months of the 1995-96 school year the 19 students that were in the Emotional Disabilities Program (at that time) received 20 of the school's 62 total referrals to the office. During the same period, those 19 students in the Emotional Disabilities Program received 3 of the schools 18 total referrals because of bus behavior.

Causative Analysis

There were a number of causes leading to this problem. The students' language problems with abstraction, problem-

solving, and pragmatics were clearly the primary cause of this problem. Gaps in the completeness and coordination of language instruction reduced the effectiveness of remediation for these language deficits. Staff attitudes may also have had a causative influence on this problem.

It had long been the responsibility of the speech and language pathologists to address problems students had with abstract language. It should be noted that the speech and language pathologists only work with those students in the emotional disability program who were identified as having a speech and language disability. The focus of intervention for abstract language deficits had been to improve comprehension and expression of figurative language, such as similes, metaphors, and idioms. In addition, similar goals had been constructed with respect to multiple meaning words and the language of humor. These goals were typically addressed in small group settings in a speech and language resource room. Beyond communicating these goals to the students' exceptional and general education teachers, little attempt was made to coordinate intervention or to facilitate carry over of these skills outside the speech and language resource room.

The same was true with respect to the interventions aimed at improving the abstract language of emotions and feelings in the Emotional Disabilities Program. The teachers in the Emotional Disabilities Program did an excellent job of teaching the abstract language of emotions and feelings

to their students. The content of these lessons were frequently communicated to parents. However, no system was in place to communicate this content to other staff.

Both the speech and language pathologists and the teachers in the Emotional Disabilities Program worked independently on problem-solving. The speech and language pathologist addressed problem-solving under the heading of improving verbal reasoning skills. The teachers in the Emotional Disabilities Program worked on problem-solving to teach the students how to make appropriate choices in an effort to improve behavior.

There was no clearly defined effort to address the pragmatic language deficits of the students. Although many goals addressing social skills were noted, a review of IEPs of students in the Emotional Disabilities Program revealed few goals aimed directly at improving their pragmatic language skills. Such goals were lacking even among students identified as having a speech and language disability.

Attitudes of the staff also served to further compound the problem. During the M-team and IEP process, much effort and emphasis was placed on gathering evidence to determine the appropriate category of a student's disability. Subsequently, general educators and even some exceptional educators viewed behavior as the only area of concern for students with emotional disabilities. Although this may have been a natural assumption to make, it resulted in a lack of regard for potential language or learning problems.

Relationship of the Problem to the Literature

A survey of the literature suggested others had been concerned with this problem. Numerous authors had reported language impairments in students with emotional disabilities. These authors had discussed the impact of those deficits on assessment and development.

The existence of oral language problems among students with emotional disabilities was well documented in the literature (Audet & Hummel, 1990; Donahue, Cole & Hartas, 1994; McDonough, 1989; Miniutti, 1991; Ruhl, Hughes & Camarata, 1992). These language problems manifested themselves in the form of decreased sentence length, (McDonough, 1989; Ruhl & Hughes, 1992), errors of word order (syntactic), vocabulary (semantic) deficits (Ruhl, Hughes & Camarata, 1992), and difficulty using language to maintain coherent and fluent interactions (McDonough, 1989). Language problems exhibited by students with emotional disabilities are reportedly like those exhibited by students with learning disabilities. In fact, Miniutti (1991) found no significant difference in performance on a language test for students with learning disabilities and students with emotional disabilities.

Oral language problems among students with emotional and learning disabilities have resulted in a call to expand assessment to include social (Brinton & Fujiki, 1993; Donahue et al., 1994; Gallagher, 1993), situational (Prizant, Audet, Burke, Hummel, Maher & Theabore, 1990), and

communicative (Audet & Hummel, 1990) contexts. The call to expand assessment to include social context can be viewed as recognition of the vital role that communication plays in social skills development (Ladd, 1990) and vise versa. Perhaps Brinton & Fujiki (1993) put it best when they advised:

> If speech-language pathologists exclude social issues from their interest in language, the result is likely to be an isolation of specific skills from the context that gives them meaning. If speech-language pathologists focus only on the symptoms of language impairment that are most easily isolated from the child's social interactions and socioemotional functioning, we cannot hope to understand how language impairment affects an individual's ability to communicate and, ultimately, an individual's quality of life. (p. 195)

The inclusion of situational and communicative contexts during assessment provide valuable information about development of the child as an effective communicator. The inclusion of situational contexts allows the evaluator to determine if behavioral difficulties are the result of language deficits. For example, if particular behaviors are exhibited only during certain activates the evaluator can then examine the language demands during those activities to identify any causal factors (Prizant et al., 1990). Similarly, the inclusion of communicative contexts permits

the evaluator to obtain an understanding of how children use their communication system and what they need to be effective communicators (Audet & Hummel, 1990).

The impact of oral language problems among students with emotional disabilities is wide spread. Oral language problems among students with emotional disabilities has been reported to impact development of self regulation skills (Audet & Hummel, 1990), social skills (Hummel & Prizant, 1993; Sanger, Maag & Shapera, 1994), and peer relationships (Craig, 1993; Gallagher, 1993). Language problems impact self regulation because it requires the use of language to repair communication breakdowns, protest, negotiate, and solve problems (Audet & Hummel, 1990). Similar skills are required to establish and maintain good social relationships with peers. Children with language deficits are at a distinct disadvantage. Gallagher (1993) stated:

> Children with limited language skills are susceptible to frequent misinterpretations because their verbal behaviors may be misleading to a young child who interprets behavior as indicative of intentions and feelings, and the young child's abilities to handle conflicts are limited. Children with limited language skills also may find it difficult to establish and maintain the highest level of coordinated play and, therefore, may be less valued play partners. (p. 203)

The literature also provided documentation of the problem by presenting prevalence rates, describing social

difficulties of children with language disorders, and identifying specific language skill deficits among children with emotional disabilities. There is considerable variation in the prevalence rates of speech and language disorders among students with emotional disabilities reported in the literature (Sanger et al., 1994). However, 50% seems to be the most frequently reported rate. Hummel and Prizant (1993) presented a 50%--70% co-occurrence rate of speech, language, and communication disorders and emotional disabilities,

Reviews of the speech and language literature (Brinton & Fujiki, 1003; Gallagher, 1993) have concluded that children with language disorders frequently have problems with social interactions. Recently, researchers have begun to quantify the quality of these poor peer relationships (Fujiki, Brinton & Todd, 1996). Difficulties with social interaction have been observed in students with speech and language disorders regardless of the existence of other disabilities, such as emotional and learning disabilities. These observations and findings lend further support to the concept that social and communicative development are closely linked.

Ruhl, Hughes, and Camarata (1992) identified specific language deficits in the areas of comprehension, formulation, and expression of complex sentences and higher level vocabulary among children with emotional disabilities. Ruhl et al. (1992) reported that students with emotional disabilities have difficulty with the following specific

aspects of language: (1) understanding or speaking lengthy sentences, (2) use of specific higher level vocabulary, (3) use of age appropriate semantic skills, and (4) use of age appropriate grammatical skills. With respect to the later two deficits, Ruhl et al. (1992) found that semantic functioning was comparatively higher than grammatical functioning. However, both were below expected levels. The documentation of specific language deficits among students with emotional disabilities is further evidence of the problem which may be gleaned form the literature.

Causal factors may also be identified in the literature. Biopsychosocial factors, language disabilities, and intervention programs reliance on language skills have been identified as causes of this problem. Biological, psychological, and social factors have all been used to explain deviations from normal development of emotion, language, and behavior of children with emotional disabilities. These factors are interrelated to the point that all aspects are affected in turn. Biological causal factors identified include neurological differences which put them at risk for expected language and affective learning. Psychological causal factors identified include failure to receive linguistic or affective messages adequately from caregivers and send expected feedback to caregivers. Social causal factors for deviations in normal development of emotion, language, and behavior of children with emotional disabilities include troubled backgrounds

where they have experienced abuse or neglect (Giddan, Bade, Rickeaberg, and Ryley, 1995).

The literature identified language disability itself as a cause of this problem. Brinton and Fujiki (1993) attributed challenging social behaviors and social failure to language disability. Although the relationship between social and communication problems is not definitive, it does play a key role (Brinton & Fujiki, 1993). Several writers have attributed social problems to the pragmatic language difficulties of students with emotional disabilities (Hummel & Prizant, 1993; Walker & Leister, 1994).

The heavy reliance on language skills within social skills, problem-solving, and behavioral intervention programs may cause additional problems for students with emotional disabilities whose language skills may be disordered or delayed. Language comprehension deficits can interfere with the effectiveness of any intervention. Cognitive-behavioral interventions rely heavily upon the child's comprehension, verbal fluency, and capacity for conceptual reasoning (Sanger et al., 1994).

It was apparent from the literature that the problem of behavioral and social problems among students with emotional disabilities as a result of language deficits were not unique to this setting. The existence of oral language problems among students with emotional disabilities was well documented in the literature. These language problems resulted in decreased sentence length, syntactic and

semantic deficits and difficulty maintaining coherent and fluent interactions. These deficits have facilitated a movement toward considering the total communicative competence of the children for both assessment and intervention. Such an approach is aimed at reducing the impact of language deficits on self regulation, social skills, and peer relationships. Empirical and factual evidence of the problem as well as causal factors were also present in the literature.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal of this practicum was to improve the problem-solving and pragmatic language skills of students in the Emotional Disabilities Program in order to improve their academic and social success. It was anticipated that improved problem-solving skills would enable the students to make more appropriate choices with regard to behavior and course of action in day-to-day problem situations. It was anticipated that improved pragmatic language skills would enable the students to better comprehend and utilize situational context, listener's needs, nonverbal communication, and conveyance of communication intents.

Expected Outcomes

The following outcomes were projected for this practicum:

(1) The number of referrals to the office and time out records which contain language problems as precipitating or contributing factors will decrease to 1 in 3.

(2) Parents will increase their frequency rating for 3 of 5 targeted social language skills during the student's daily communication.

(3) Teachers will increase their frequency rating for 3 of 5 targeted social language skills during the student's

daily communication.

(4) The students will demonstrate use of 3 of 5 targeted pragmatic language skills during video taped conversations.

(5) The students will demonstrate improved functional problem-solving skills by decreasing referrals to the office to 2 in 10 and referrals because of bus behavior to 1 in 10 of total referrals.

Measurement of Outcomes

There were 4 evaluation methods used in this practicum to measure expected outcomes. These methods of evaluation were designed to (a) provide feedback to teachers and parents with regard to student progress, (b) provide a record of language development and the impact of language development on behavior and social skills, and (c) document student acquisition of language skills.

A reduction of referrals to the office and time out records which contain language problems as precipitating or contributing factors was measured in the same way that evidence of the problem was gathered for this practicum. The writer and the teacher from the Emotional Disabilities Program reviewed, classified, and tally these records as containing a language component or not containing a language component. The results of this tally are presented as a ratio.

The increase in frequency ratings of targeted social language skills by both parents and teachers was measured by

pre and post administration of the Social Language Skills Rating Scale (Appendix A). Likert Scales, like the one used on this measure, have proven useful for distinguishing groups who differ in their social skills levels and for predicting student status on outcomes (Walker, Schwarz, Nippold, Irvin, & Noell, 1994). The pre and post mean rating for each social language skill have been calculated. These mean ratings are presented in table form. In addition, item analysis was conducted for specific social language skills targeted during the practicum. The ratings, by both parents and teachers, for skills targeted have been examined to determine if frequency ratings increase for those skills. The number of students for whom the ratings increase have been tallied. The results of this tally are presented as a ratio.

The increase in use of the targeted social language skills was measured by reviewing 3 minute, video taped, conversations for occurrences of targeted social language skills. Occurrences of targeted social language skills were compared with opportunities for using the skills by using the Social Language Skills Observation Form (Appendix B). These comparisons are presented as ratios in table form.

During the practicum the following operational definitions of social language skills were devised: (1) Appropriate conversational turn-taking has occurred if each speaker takes at least three turns; (2) Appropriate conversational volume has occurred if the speakers can be

heard on the video tape without adjusting the volume; (3) Active listen strategies have occurred if a listener employs two to the following: asks an appropriate question, answers a question appropriately, restates part of what the speaker had said, or asks for clarification; (4) An appropriate conversational starters has occurred if the speaker begins with a greeting or a name; (5) An appropriate conversational closer has occurred if the speaker ends with some kind of farewell; and (6) Appropriate eye contact has occurred if the speakers eyes meet, that contact is sustained for 5 seconds, and this has reoccurred at least 4 times during 60 seconds. These operational definitions were needed in order to compare occurrences of social language skills on the video taped conversations with opportunities for using social language skills.

Improvement in functional problem-solving skills were measured in the same way that evidence of the problem was gathered for this practicum. Referrals to the office and because of bus behavior for students in the Emotional Disabilities Program and those not in the Emotional Disabilities Program were tallied. This tally took place during the last 8 weeks of the practicum. The results are presented as a ratio.

CHAPTER IV

SOLUTION STRATEGY

Statement of Problem

The problem to be solved in this practicum was that the students in the Emotional Disabilities Program engaged in aggressive acting out, withdrawing, and/or off task behaviors both inside and outside of the classroom. These behaviors, as well as social skill deficits had an adverse effect on the peer relationships and classroom performance of the students in the Emotional Disabilities Program.

Discussion

A number of solutions to this and similar problems were gleaned from the literature. There was a great deal of support in the literature for use of a multi-disciplinary team model to address the language needs of students with emotional disabilities. The use of a multi-disciplinary team model enables the collaborative planning of appropriate instruction and intervention (Brinton & Fujiki, 1993; Giddan et al., 1995; Prizant et al., 1990). The collaboration of the multi-disciplinary team also allows professionals to monitor the impact of language intervention on emotional/behavioral functioning (Prizant et al., 1990) and the impact of social demands on language skills across settings (Donahue et al., 1994).

The literature also emphasized that language intervention should engage in a process of developing communicative competence (Audet & Hummel, 1990; Hummel & Prizant, 1993). In order to develop communicative competence, instruction must actively teach pragmatic language skills or metalinguistic components which comprise effective communication (Audet & Hummel, 1990; Hummel & Prizant, 1993; McDonough, 1989). Effective communication skills should be practiced through role-playing (McDonough, 1989; Sanger et al., 1994) with peers (McDonough, 1989; Prizant et al., 1990; Sanger et al., 1994) in naturalistic settings across the school environment (Giddan et al., 1995; McDonough, 1989; Prizant et al., 1990; Sanger et al., 1994).

Recommendations for the components of communication skills programs were presented in the literature as well. Dodge (1994a) recommended that communication skills programs include communication to parents, warm up activities, role-playing, and suggestions for carryover. Dodge (1994a) further recommended that the role-playing be modeled for the students, the students be given an opportunity to role-play together, the role-play be evaluated, and the students be given an opportunity to repeat the role-play to try and improve communication.

The importance of improving communicative competence of students with emotional disabilities is rooted in impact that communication has on social skills development, emotional problems, and behavior problems. Communicative

competence and social competence are closely related in the early years of development because they both emerge from the same reciprocal interactions with caregivers. During these interactions children build a sense of partnership in communication and social exchange. This partnership builds a positive self-image as a communicator and establishes secure, trusting relationships with care givers (Hummel & Prizant, 1993).

The impact of communication competence on the behavior and emotional problems of students with disabilities further supports the recommendations to include improvement of communication competence in intervention programs. Empirical evidence for the existence of a relationship between communication competence and behavior has been reported in cognitively impaired and autistic populations (Carr & Durand, 1985; Prizant & Wetherby, 1987). This empirical evidence has led to speculation about a similar relationship for students with emotional disabilities. Based on clinical experience, Prizant et al. (1990) has reported a direct positive correlation between improvement in communication and improvement in emotional and behavioral problems.

The literature contained recommendations which have ramifications for staff development and the content of language intervention. It was advised that the staff be informed of the existence of language problems and the nature of those problems among students with emotional

disabilities (Brinton & Fujiki, 1993; Donahue et al., 1994). The content of language instruction should include the language of feelings and emotions (Giddan et al., 1995; Hummel & Prizant, 1993; McDonough, 1989; Sanger et al., 1994). Recommendations for communication skills intervention include; what good communicators do, observation, body language, listening, turn-taking, the way we communicate, praise, criticism, success and failure, self-management strategies, cooperative learning, comprehension boosters, discussion skills, and conflict resolution (Dodge, 1994a; Dodge, 1994b).

Upon review of solutions suggested in the literature, it was concluded, that language intervention for students with emotional disabilities should take a multi-disciplinary approach to enhancing communicative competence. Ideally, programming should be a coordinated collaboration between the teachers of students with emotional disability, speech and language pathologist, and general education teacher. It was further concluded that the focus of communication intervention should be pragmatics, peers, and practice. Staff instruction and the language of feelings may comprise additional components of the intervention.

Description of Selected Solutions

The solutions proposed for this practicum included direct instruction, collaboration, staff inservice and development. In order to improve the problem-solving and abstract language skills of the students, instruction

provided by the teachers in the Emotional Disability Program and speech/language pathologists were coordinated during weekly planning meetings. During these meetings "Communication Workshops" were planned and members of the multi-disciplinary team could "touch base" with each other and communicate goals for students regarding problem-solving and abstract language. This also allowed each team member to enhance and support the other team members efforts with respect to these areas of language development.

This proposed solution fulfilled the recommendation in the literature for a multi-disciplinary team approach to intervention. Further, it was a means of addressing two of the principle causes of the problem, deficits in problem-solving and abstract language skills of students with emotional disabilities. It was anticipated that this proposed solution strategy would improve coordination of intervention and subsequently improve problem-solving and abstract language skills. It was hoped that improved skills would decrease referrals to the office, referrals because of bus behavior, and behavior problems which involved language as a factor.

In order to improve communicative competence of the students, direct instruction was provided to improve social language skills through modeling and opportunity for practice. This instruction took the form of 10 "Communication Workshops", during which specific social language skills were taught. The skills taught were

determined by the teachers in the Emotional Disabilities Program and the speech/language pathologists during the initial collaborative planing meeting. These skills were selected based on the results of the Social Language Skills Rating Scale (Appendix A) and teacher input.

One social language skill was introduced every second or third week during an 11 week period. The targeted social language skills were introduced through role-plays modeled by the teacher and speech/language pathologist. Students were also given an opportunity to role-play a situation and practice using the targeted social language skill. During the weeks when new social language skills were not introduced, students were given additional opportunities to role-play the social language skills introduced during the previous weeks. Students also evaluated their own performance, as well as their partner's, on role-plays. After role-plays students determined whether or not they and their partner used targeted skills and recorded that conclusion on a Self Evaluation Form. A sample Self Evaluation Form from the last week of the practicum is provided (Appendix C). The skills listed on the Self Evaluation Form were added gradually as each skill was introduced throughout the practicum. The students were given opportunities to repeat role-plays in an attempt to improve use of targeted social language skills. Video tape samples of students' conversations were made during review weeks.

This proposed solution fulfilled the recommendation in

the literature for pragmatic (social language) skills intervention which permits ample opportunity to practice these skills with peers. Further, this solution filled a significant void in the language intervention of students with emotional disabilities and facilitated improved communicative competence. It was anticipated that this proposed solution strategy would increase parent and teacher frequency ratings of targeted skills on the Social Language Skills Rating Scale and increase use of those skills during conversational samples.

Staff was provided inservice workshops about the impact of language and learning problems on students with emotional disabilities. This proposed solution fulfilled the recommendation in the literature that the staff be informed of the existence and the nature of language problems among students with emotional disabilities. It was anticipated that this proposed solution strategy would improve staff attitudes which emphasize behavior as the major problem among students with emotional disabilities without regard for language or learning problems.

Report of Action Taken

Start-Up Activities

Implementation of the practicum took place during the last 12 weeks of the 1995-96 School Year. The writer scheduled regular planning meetings with the teachers in the Emotional Disabilities Program. The purpose of those meetings was to plan each week's "Communication Workshop" as

well as coordinate interventions in the areas of abstract language skills and problem-solving. During the initial planning meeting Social Language Skills Rating Scales were reviewed to identify the skills which would be targeted.

The "Communication Workshops" themselves were scheduled during one of the student's "social skills classes" each week. Due to this arrangement conversational topics during role-playing centered around information covered during the rest of the week in the "social skills class". Both teachers were using problem-solving skills as the content of their social skills instruction during the practicum.

Letters were sent to parents of all students in the Emotional Disabilities Program explaining the practicum, requesting permission for video taping and participation in the practicum. The writer followed up with phone contacts to those parents who did not return the permission slips. Additional Social Language Skills Rating Scales were sent to those parents who did not return them during the evidence gathering phase of the practicum.

Components of the Communication Workshops

All communication workshops followed the same general format. This format was as follows: Review of material from previous sessions, if appropriate; Introduction of targeted skill for that session using activities or lecture; Modeling of the correct use of the targeted skill by the speech and language pathologist and the teacher; Opportunities for role-play and practice of the targeted skill(s); Self

evaluation of role-play; Repetition of role-play, if time; and Recap and closing.

Specific Skills Addressed

The first skill addressed during the "Communication Workshops" was that of conversational turn-taking. This skill was introduced as part of the elements of conversation using a lecture format. A diagram of a conversation including a "sender" and "receiver" a "message" and a "return message" was drawn on the chalkboard. It was explained to the students that a conversation occurs when both participants have had several opportunities to send a message and a return message. During the teacher modeling a foam ball was passed back-and-forth to represent that message being exchanged. When this concept was reviewed during the following session, a wall chart was present which contained a diagram similar to the one used to introduce the concepts. The wall chart remained posted in both emotional disabilities classrooms throughout the practicum.

Conversational turn-taking was a concept which the students understood quickly. Subsequently, the second social language skill was presented during the second session. The second skill to be addressed was correct conversational volume. The concept was introduced using a patchwork vest made of "soft" fur, a "loud" print, and a "normal" (plain) blue fabric. The fabrics in the vest were compared to the various volumes which can be used during conversations. A list of settings in which soft, loud, and normal volumes

would be appropriate were generated by the students. Appropriate conversational volume was modeled. When this concept was reviewed during the following session, a wall chart was present which contained small vests cut from the same fabrics that were used in the patchwork vest. The wall chart remained posted in both emotional disabilities classrooms throughout the practicum.

Following a week of review and practice sessions the third social language skill, active listening strategies, was introduced. Active listening strategies were introduced by drawing a pair of eyes, an ear, and a mouth on the chalkboard. It was explained that "receivers" need to use their eyes for eye contact, ears to listen carefully, and their mouth to indicate your attention to the speaker. It was further explained that we indicate our attention to speakers by answering their conversational question, asking questions of them about the topic of conversation, and by requesting clarification. When this concept was reviewed during the following session, a wall chart was present which contained a pair of eyes, an ear, and a mouth. The wall chart remained posted in both emotional disabilities classrooms throughout the practicum.

Following two weeks of review and practice. The fourth social language skill, beginning and ending conversations, was introduced. This concept was introduced using a picture of a train on the chalkboard. Below the engine of the train a list of ways to begin a conversation

was generated. Below the caboose a list of ways to end a conversation was generated. To emphasize the importance of beginning and ending conversations models and role-plays for the day were performed using two toy telephones. When this concept was reviewed during the following session, a wall chart was present which contained a train and some examples of conversation beginnings and endings. The wall chart remained posted in both emotional disabilities classrooms throughout the practicum.

The fifth social language skill introduced was reading body language or nonverbal communication. This skill was introduced by playing "feelings charades". The students took turns guessing what feelings corresponded to the body language modeled by their classmates. When this concept was reviewed during the following session, a wall chart was present which contained a list of the feelings from the charades game. The wall chart remained posted in both emotional disabilities classrooms throughout the practicum.

Closing Activities

During the final week of the practicum the writer reviewed video taped conversations and calculated ratios of occurrences of social language skills versus opportunities for use of social language skills. The Social Language Skills Rating Scales were readministered to teachers and parents. Additional data was also obtained from referrals to the office and time out records. For the last eight weeks of the practicum, these records were reviewed and classified as

containing language problems as a contributing factor or not containing language problems as a contributing factor. Referrals to the office and because of bus behavior for students in the Emotional Disabilities Program were also tallied and compared to the school as a whole.

CHAPTER V

RESULTS

Summary of the Problem and Solution Strategy

The problem to be solved in this practicum was that the students in the Emotional Disabilities Program engaged in aggressive acting out, withdrawing, and/or off task behaviors both inside and outside of the classroom. These behaviors, as well as social skill deficits had an adverse effect on the peer relationships and classroom performance of the students in the Emotional Disabilities Program.

The solutions proposed for this practicum included direct instruction, collaboration, staff inservice and development. In order to improve the problem-solving and abstract language skills of the students, instruction provided by the teachers in the Emotional Disability Program and speech/language pathologists were coordinated during weekly planning meetings. In order to improve communicative competence of the students, direct instruction was provided to improve pragmatic language skills through modeling and opportunity for practice. The targeted social language skills were introduced through role-plays modeled by the teacher and speech/language pathologist. Students were also given an opportunity to role-play a situation and practice using the targeted social language skill. Students evaluated their own performance, as well as their partners, on role-

plays. The students were given opportunities to repeat role-plays in an attempt to improve use of targeted social language skills. The staff was inserviced regarding information about the impact of language and learning problems on students with emotional disabilities.

Results with respect to Expected Outcome

(1) The number of referrals to the office and time out records which contain language problems as precipitating or contributing factors will decrease to 1 in 3.

This outcome was not met. It was anticipated that successful progress on this outcome would have been achieved if one half or less of the behavior incidents were determined to have language as precipitation or contributing factors. During the evidence gathering portion of this practicum, 15 of 20 behavior incidents which led to office referral or time out were identified as having language problems as precipitating or contributing factors. During the last eight weeks of the practicum 6 of 10 behavior incidents which led to office referral or time out were identified as having language problems as precipitating or contributing factors.

These ratios are very similar and the criterion targeted was not met. This would indicate that language problems still play a significant role in behaviors exhibited by these students. It is encouraging that the total number of incidents was half what it was during the evidence gathering portion of this practicum. This may be

evidence that the students are demonstrating improved problem-solving skills. However, it does not support improved social language skills for the students.

(2) Parents will increase their frequency rating for 3 of 5 targeted social language skills during the student's daily communication.

This outcome met for just one parent. The social language skill of beginning and ending a conversation appropriately needed to be divided into two separate skills for scoring. Subsequently, six social language skills were targeted. The modified projected outcome was; Parents will increase their frequency rating for 4 of 6 targeted social language skills during the student's daily communication. With the variability in return rates only 10 of the Social Language Skills Rating Scales could be matched both pre and post. Only one parent increased their frequency rating for 4 of 6 targeted social language skills by one or more points. It would appear that parents did not observe increased use of social language skills in the home setting.

Even though the outcome was met for only one parent, parents as a whole did indicate some improvement on the Social Language Skills Rating Scales. Slight increases were noted in the post practicum administration averages of the scale over the pre practicum administration averages. The means of these ratings are presented in the following table:

Table 1

Parent's Mean Ratings on Social Language Skills Rating Scale

Social Language Skill	Pre Mean Rating	Post Mean Rating
Eye Contact	3.60	3.10
Appropriate Volume	2.60	4.00
Appropriate Tone and Place	3.00	3.30
Tone of Voice	3.40	3.60
Initiates with Greeting	3.00	3.30
Getting to the Point	3.20	3.80
Staying on Topic	3.10	3.60
Active Listening	2.60	3.80
Ends with Farewell	2.40	3.30
Stands at Appropriate Distance	3.60	4.00
Appropriate Body Language	3.10	3.70
Appropriate Formal Language	2.30	3.10
Appropriate Informal Language	3.80	3.80
Appropriate Turn-taking	2.60	3.00

(3) Teachers will increase their frequency rating for 3 of 5 targeted social language skills during the student's daily communication.

This outcome was met for 12 of the 19 students who participated in the practicum. The social language skill of beginning and ending a conversation appropriately needed to be divided into two separate skills for scoring. Subsequently, six social language skills were targeted. The modified projected outcome was; Teachers will increase their frequency rating for 4 of 6 targeted social language skills

during the student's daily communication. The teacher's ratings on the Social Language Skills Rating Scale increased by one or more points for 4 or more of the 6 targeted skills for 12 of the 19 students who participated in the practicum. It would appear that teachers observed increased use of social language skills in the classroom.

Similar increases were noted in the post practicum administration averages of the Social Language Skills Rating Scale over the pre practicum administration averages. The means of these ratings are presented in the following table:

Table 2

Teacher's Mean Ratings on Social Language Skills Rating Scale

Social Language Skill	Pre Mean Rating	Post Mean Rating
Eye Contact	3.10	3.65
Appropriate Volume	2.75	3.35
Appropriate Tone and Place	2.20	2.95
Tone of Voice	3.15	3.60
Initiates with Greeting	2.85	3.65
Getting to the Point	2.40	3.45
Staying on Topic	2.60	3.35
Active Listening	2.10	2.60
Ends with Farewell	2.20	2.95
Stands at Appropriate Distance	2.85	3.65
Appropriate Body Language	2.40	3.25
Appropriate Formal Language	2.90	3.05
Appropriate Informal Language	2.90	4.20
Appropriate Turn-taking	2.95	3.65

(4) The students will demonstrate use of 3 of 5 targeted pragmatic language skills during video taped conversations.

This outcome was met for 17 of the 19 students who participated in the practicum. The social language skill of beginning and ending a conversation appropriately needed to be divided into two separate skills for scoring. Subsequently, six social language skills were targeted. A modified projected outcome was; The students will demonstrate use of 4 of 6 targeted pragmatic language skills during video taped conversations. During the last two sets of video taped conversations 4 or more of 6 targeted pragmatic language skills were demonstrated for 17 of the 19 students. The students demonstrated good improvement in use of targeted social language skills within the context of the "Communication Workshops".

A similar pattern of improvement was noted when occurrences of specific targeted social language skills was compared with opportunities for using those skills. These comparisons for the last set of video taped conversations are presented in the following table:

Table 3

Ratio of Observed Social Language Skills verses Opportunities for all Students

Targeted Social Language Skill	Total Observed	Total Opportunities	Percent Occurr.
Appropriate Volume	15	19	78.95
Eye Contact	52	57	91.23
Active Listening	99	114	86.84
Start Conversation	12	19	63.16
End Conversation	15	19	78.95
Appropriate Body Language	11	19	57.89

(5) The students will demonstrate improved functional problem-solving skills by decreasing referrals to the office to 2 in 10 and referrals because of bus behavior to 1 in 10 of total referrals.

This outcome was met. Both office and bus referrals for students in the Emotional Disabilities Program decreased to below levels targeted. Prior to implementation of the practicum 1 in 3 referrals to the office were made on students in the Emotional Disabilities Program. During the last weeks of practicum implementation referrals to the office decreased to 1 in 5.3 which exceeded the 2 in 10 criterion set for successful progress on this outcome. Prior to implementation of the practicum 1 in 6 referrals because of bus behavior were made on students in the Emotional Disabilities Program. During the last weeks of the practicum implementation referrals because of bus behavior decreased

to 1 in 14 which exceeded the 1 in 10 criterion set for successful progress on this outcome. These results along with the decreased incidents noted in outcome number one, indicated improved functional problem-solving skills in the students.

Discussion

The results of this practicum were encouraging. It appears that the students that participated learned some valuable skills. The students learned to employ some new social language skills in a structured setting. The overwhelming majority of students were able to consistently use those new skills while engaging in conversations in the same context in which the skills were taught and practiced. Within this format the students had the benefit of a familiar setting, a situation which was structured for them, and review of the targeted skills prior to engaging in the conversation. In this familiar setting, even the two students who did not meet the criterion set forth in the expected outcome, did demonstrate use of 3 of the 6 targeted pragmatic language skills during the last two video taped conversations.

These encouraging results lend significant support to the instructional format used during this practicum as a means of teaching social language skills to students with emotional disabilities. It would appear that direct instruction of such skills through modeling with opportunity for practice, self evaluation, and repeated practice are an

effective means to facilitate acquisition of social language skills. The writer also found the format an easy way to organize and plan the lessons. In addition, most students appeared to enjoy the format, especially the role-play and practice. The students' familiarity with the repeated format was a likely contributor to the positive results obtained.

Similar positive results were noted with respect to the students' improved problem-solving skills. The decrease in time outs, referrals to the office, and referrals because of bus behavior by the students with emotional disabilities was substantial. Such a decrease is one possible indicator of improved functional problem-solving skills. The problem-solving skills being taught by the teachers in the Emotional Disabilities Program were reinforced during small group speech and language resource classes. These skills were reinforced by relating the processes and terminology used in the Emotional Disabilities Program to problem-solving and verbal reasoning activities in the speech and language resource room. It would appear that having the information presented in more than context had a very positive impact on the students' ability to more readily acquire and employ the problem-solving skills. Since the members of the team were already meeting on a weekly basis to plan the "Communication Workshops", little additional effort was necessary to achieve these positive results. It appears that with a little additional effort professionals who wish to effect a change in the problem-solving abilities of students with

emotional disabilities can do so with a slight increase in preparation time by coordinating their efforts.

A similar coordination of efforts may have produced more encouraging results with respect to parents view of the students' use of targeted social language skills. While the teachers rating scales indicated an increase in skills in the classroom, the parents rating scales failed to show similar results. There are several reasons this may have occurred. As previously mentioned, the skills were taught and practiced in the classroom so it is logical that carryover of those skills would be noted first in the classroom. Also, the teachers were active participants in the project. The teacher's participation made them very aware of the targeted skills and likely facilitated their reinforcement of those skills in the classroom. In addition, the role that language problems still play in conflict situations with these students may indicate that their command of these, or other, language skills have not yet reached the point of carryover beyond the classroom. It is likely that the relatively limited time frame of this practicum, three months, did not permit full development of these skills to the point where carryover to other settings could be achieved.

Carryover of the targeted social language skills to the home environment may have been facilitated by creating opportunities for parents to become more active participants in the project. This could have perhaps taken the form of a

"kick off" meeting with the parents to outline the "Communication Workshops", review the targeted skills, and perhaps even provide opportunities for the parents to engage in a few role-play activities. It is clear that the one way communication of sending letters home to the parents may have not been the best way to communicate the methods and goals of the practicum. Certainly such communication did not make them active participants and failed to build a partnership similar to the one that was created with the teachers in the Emotional Disabilities Program. If there is one thing that has emerged from the practicum it is the importance of a well defined and coordinated partnership between members of the team in order to affect a positive change in students with emotional disabilities. Parents too must be considered as members of this team.

Recommendations

After completing this practicum the following recommendations were generated:

(1) The instructional format used during this practicum as a means of teaching social language skills to students with emotional disabilities was successful enough to recommend its use to other professionals in the school district.

(2) If carryover to the home environment is anticipated, strategies need to be identified to permit parents to be more active participants in the process of teaching social language skills to students.

(3) Inservice Workshops are needed to train more school personnel in methods used to facilitate acquisition of social language skills.

(4) Professionals need to coordinate problem-solving interventions between Emotional Disabilities Programs and Speech and Language Programs.

(5) If carryover to school settings beyond the classroom is anticipated, interventions aimed at improving social language skills of students with emotional disabilities should occur over a time period which is greater than three months in duration.

Dissemination

The writer has made the following plans for dissemination of the practicum results:

(1) The practicum report will be shared with all other Speech and Language Pathologists in the school district.

(2) The practicum report will be shared with all principals of schools with programs for students with emotional disabilities within the school district.

(3) The practicum report will be made available to all teachers in the school district's Emotional Disabilities Program.

References

Audet, L. R., & Hummel, L. J. (1990). A framework for assessment and treatment of language-learning disabled children with psychiatric disorders. Topics in Language Disorders, 10,(4) 57-74.

Brinton, B., & Fujiki, M. (1993). Clinical forum: language and social skills in the school-aged population, language, social skills & socioemotional behaviors. Language, Speech, and Hearing Services in Schools, 24, 194-98.

Carr, E., & Durand, V. (1985). The social-communicative basis of behavior problems in children. In S. Reiss & R. Bootzin (Eds.), Theoretical issues in behavioral therapy (pp. 219-254). New York: Academic Press.

Craig, H. K. (1993). Clinical forum language and social skills in school-age population, social skills of children with specific language impairment: peer relationships. Language, Speech, and Hearing Services in Schools, 24, 206-215.

Dodge, E. P. (1994a). Communication lab 1. E. Moline, IL: LinguiSystems.

Dodge, E. P. (1994b). Communication lab 2. E. Moline, IL: LinguiSystems.

Donahue, M., Cole, D., & Hartas, D. (1994). Links between language and emotional/behavioral disorders. Education and Treatment of Children, 17(3), 24-254.

Fujiki, M., Brinton, B., & Todd, C. M. (1996). Social

skills of children with specific language impairment. Language, Speech, and Hearing Services in Schools, 27(3), 195-202.

Gajewski, N., & Mayo, P. (1989a). Social skill strategies (book a): a curriculum for adolescents. Eau Claire, WI: Thinking Publications.

Gajewski, N., & Mayo, P. (1989b). Social skill strategies (book b): a curriculum for adolescents. Eau Claire, WI: Thinking Publications.

Gallagher, T. M. (1993). Clinical forum: language and social skills in the school-aged population, language skills and the development of social competence in school-age children. Language, Speech, and Hearing Services in Schools, 24, 199-205.

Giddan, J. J., Bade, K. M., Rickenberg, D., & Ryley, A. T. (1995). Teaching the language of feelings to students with severe emotional & behavioral handicaps. Language, Speech, and Hearing Services in Schools, 26, 3-10.

Hummel, L. J., & Prizant, B. M. (1993). Clinical forum: language and social skills in the school-age population, a socioemotional perspective for understanding social difficulties of school-age children with language disorders. Language, Speech, and Hearing Services in Schools, 24, 216-224.

Ladd, G. W. (1990). Having friends, keeping friends, making friends, and being liked by peers in the classroom. Child Development, 61, 1081-1100.

McDonough, K. M. (1989). Analysis of expressive language characteristics of emotionally handicapped students in social interactions. Behavioral Disorders, 14(2), 127-39.

Miniutti, A. M. (1991). Language deficiencies in inner-city children with learning & behavioral problems. Language, Speech, and Hearing Services in Schools, 22(2), 31-38.

Prinz, R. J., Blechman, E. A., & Dummas, J. E. (1994). An evaluation of peer coping-skills training for childhood aggression. Journal of Clinical Child Psychology, 23(2), 193-203.

Prizant, B. M., Audet, L. R., Burke, G. M., Hummel, L. J., Maker, S. R., & Theabore, G. (1990). Communication disorders and emotional/behavioral disorders in children and adolescents. Journal of Speech and Hearing Disorders, 55, 179-192.

Prizant, B. M., & Wetherby, A. M. (1987). Communicative intent: a framework for understanding social-communicative behavior in autism. Journal of the American Academy of Child and Adolescent Psychiatry, 26, 472-479.

Ruhl, K. L., Hughes, C. A., & Camarata, S. M. (1992). Analysis of the expressive and receptive language characteristics of emotionally handicapped students served in public school settings. Journal of Childhood Communication Disorders, 14(2), 165-176.

Sanger, D., Maag, J. W., & Shapera, N. R. (1994). Language problems among students with emotional and behavioral disorders. Intervention in School and Clinic,

30(2), 103-108.

Walker, D. W., & Leister, C. (1994). Recognition of facial affect cues by adolescents with emotional and behavioral disorders. Behavioral Disorders, 19(4), 269-276.

Appendix A

SOCIAL LANGUAGE SKILLS RATING SCALE

Adapted from (Gajewski & Mayo, 1989a)

Student _____

Date _____

Name of person completing scale _____

Relationship with student (circle) - Parent/Teacher

Directions: Please rate this student on how often he/she successfully uses the following social language skills/strategies during daily communication by using the following scale;

Monthly or less	Once a week	Several times a week	Several times a day	Continuously throughout the day
1	2	3	4	5

1) Maintains appropriate eye contact by looking at the person he/she is speaking with	1	2	3	4	5
2) Uses a volume which is appropriately loud for a given speaking situation	1	2	3	4	5
3) Chooses a good time and place before starting a conversation	1	2	3	4	5
4) Uses an acceptable tone of voice which is not sarcastic, critical, or disrespectful	1	2	3	4	5
5) Initiates a conversation and begins with a name or greeting	1	2	3	4	5
6) Gets to the point in a timely way by not beating around the bush or talking around the subject without ever getting to it	1	2	3	4	5
7) Stays on topic or signals a change of topic for his/her listener	1	2	3	4	5
8) Engages in active listening by responding appropriately, asking appropriate questions, and/or restating all or part of what the speaker has said	1	2	3	4	5
9) Ends conversation in smooth way with some kind of farewell	1	2	3	4	5
10) Stands at an appropriate distance (not too close or too far away) during conversations	1	2	3	4	5
11) Uses body language and non-verbal cues which are appropriate to the situation	1	2	3	4	5
12) Uses more formal and traditional language by using longer forms of words when speaking to show respect to those in authority	1	2	3	4	5
13) Uses less formal and relaxed language by using short forms of words and slang when speaking to peers and familiar adults	1	2	3	4	5
14) Demonstrates appropriate turn taking during conversations	1	2	3	4	5

Appendix B

SOCIAL LANGUAGE SKILLS OBSERVATION FORM

Student_____
Grade _____
Date _____

Communicative Intent/ Conversational Device	Opportunities	Frequency
1)		
2)		
3)		
4)		
5)		
6)		

Appendix C

SELF EVALUATION FORM

Name: _____

+ = the skill was used 0 = the skill wasn't used

MYSELF	date	date	date	date
Took at least 3 turns				
Used the right volume				
Used good listening skills like				
Eye contact				
Asked/answered questions				
Asked to make it more clear				
Started the conversation				
Ended the conversation				
Understood the body language				
MY PARTNER				
Took at least 3 turns				
Used the right volume				
Used good listening skills like				
Eye contact				
Asked/answered questions				
Asked to make it more clear				
Started the conversation				
Ended the conversation				
Understood the body language				